

INTELLECTUAL PROPERTY LAW
OBBE, MARTENS, OLSON & BEAR

A LIMITED LIABILITY PARTNERSHIP INCLUDING
PROFESSIONAL CORPORATIONS

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Washington, D.C. 20231

CERTIFICATE OF MAILING BY "EXPRESS MAIL"

Attorney Docket No. : EMOON.001A
Applicant(s) : In E. Moon
For : HYGIENIC, REMOVABLE TOILET
ATTACHMENT FOR ENEMA, DOUCHE
OR COLONIC IRRIGATION
Attorney : Lowell Anderson
"Express Mail"
Mailing Label No. : EM424023214US
Date of Deposit : November 21, 1997

I hereby certify that the accompanying

Transmittal in Duplicate; Specification in 16 pages; 5 sheets of drawings;
Signed Declaration and Power of Attorney in 3 pages; Small Entity
Statement(s); Submission of Informal Drawings; Information Disclosure
Statement, PTO Form 1449 with 6 references; Check(s) for Filing Fee(s); Return
Prepaid Postcard

are being deposited with the United States Postal Service "Express Mail Post Office to
Addressee" service under 37 CFR 1.10 on the date indicated above and are addressed to the
Assistant Commissioner for Patents, Washington, D.C. 20231.


Don King

**ASSISTANT COMMISSIONER FOR PATENTS
WASHINGTON, D.C. 20231**

ATTENTION: APPLICATION BRANCH

Sir:

Transmitted herewith for filing is the patent application of

Inventor(s): **In E. Moon**

For: **HYGIENIC, REMOVABLE TOILET ATTACHMENT FOR ENEMA, DOUCHE
OR COLONIC IRRIGATION**

Enclosed are:

- (X) Five (5) sheet(s) of drawing.
- (X) A verified statement to establish small entity status under 37 CFR 1.9 and 37 CFR 1.27.
- (X) A **signed** Declaration and Power of Attorney.
- (X) Return prepaid postcard.
- (X) Information Disclosure Statement with six (6) references.

CLAIMS AS FILED

| FOR | NUMBER FILED | NUMBER EXTRA | RATE | FEE |
|--------------------|-------------------------|-----------------------------|-------------|--------------|
| Basic Fee | | | \$395 | \$395 |
| Total Claims | 26 - 20 = | 6 × | \$11 | \$ 66 |
| Independent Claims | 5 - 3 = | 2 × | \$41 | \$ 82 |
| | | TOTAL FILING FEE | | \$543 |

- (X) The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Account No. 11-1410. A duplicate copy of this sheet is enclosed.

(X) A check in the amount of \$543 to cover the filing fee is enclosed.



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